

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042559

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 104 Primary Registration District No. 4174 Registrar's No. 3

FILED JAN 7 1964

I. PLACE OF DEATH

a. COUNTY

DUNKLIN

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MALDEN

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY DUNKLIN

c. CITY OR TOWN MALDEN

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION AT RESIDENCE

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
SAMUEL EVERETT GASTON

4. DATE OF DEATH
Month Day Year
DEC. 27. 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

NOV. 19. 1951 - 12

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STUDENT

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
JEFFERSON CITY, MO.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

DR. SAMUEL W. GASTON

13b. MOTHER'S MAIDEN NAME

GERALDINE SCHELMAN

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address
ROBERT SCHELMAN, JEFFERSON CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Thermal burn.

INTERVAL BETWEEN
ONSET AND DEATH
1 hour

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Dwelling fire.

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12:05 to and last saw her alive on
Death occurred at 12:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title)
Nagye Cream M.

22b. ADDRESS
Malden, Mo

22c. DATE SIGNED
1-3-64

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE
12-30-1963

23c. NAME OF CEMETERY
MEMORIAL PARK

23d. LOCATION (City, town, or county) (State)
MALDEN, DUNKLIN: MISSOURI

24. FUNERAL DIRECTOR ADDRESS
DAY & KNIGHT F.H. - MALDEN, MO.

25. DATE RECD. BY LOCAL REG.
1-3-64

26. REGISTRAR'S SIGNATURE
J. R. Schuman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1 0356
2 0356
3
4 0
5 0
6
7 0
8 2
9 9/160
10 16
11 035
12 90-0
13 30

JAN 10 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. J. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.